National Practitioner Data Bank—Healthcare Integrity and Protection Data Bank

NPDB-HIPDB
Data Bank News

April 2002

Coming This Fall... Important Report Format Changes

In September 2002, the Data Banks will introduce several improvements in the Adverse Action Report (AAR) format. This format is used for reporting Federal and State licensing, clinical privileges, professional society, exclusion/debarment, health plan, and government administrative actions. Changes include an expanded list of Basis for Action codes, new Occupation/Field of Licensure and Specialty codes, and the ability to select multiple Adverse Action Classification codes. These changes will allow reporting entities to submit more complete and accurate adverse action information to the Data Banks. **In addition, Interface Control Document (ICD) Transfer Program (ITP) users should also note important modifications to the ICDs (see the box on page 5 for details) based on these changes.**

New Basis for Action Codes

The newly created Basis for Action codes for individual and organization subject reports will offer a more comprehensive list of reasons why entities take adverse actions. These new codes will also reduce the necessity for entities to choose the "Other, Not Classified" Basis for Action code. Entities will be able to report up to five Basis for Action codes in a single report, rather than the four codes currently allowed.

New Occupation/Field of Licensure Codes

Several new Occupation/Field of Licensure codes will provide additional selections that better describe certain occupations and

fields of licensure. The Data Banks also have extended the list of specialties to include areas of expertise for dentists and dental residents.

More Allowable Adverse Action Classification Codes

The Adverse Action Classification code identifies the specific action taken by a reporting entity (e.g., a civil money penalty, suspension of a professional license, or exclusion from a Government health care program). Because reporting entities often take several actions based on a single incident, the Data Banks will increase from one to five the number of allowable Adverse Action Classification codes that entities can select for a single report.

For Reporters: The Narrative/Secretarial Review Connection

If you are a reporting entity that has had a practitioner dispute an AAR submitted by your organization, you understand the importance of providing an accurate and complete narrative description in the report. Your narrative is considered legally insufficient if it does not include, in section C of the report, a description of the acts or omissions, or other reasons for the action taken. While the law establishing the NPDB, the *Health Care Quality Improvement Act of 1986*, does not require an extensive description, it

Narrative Description from page 1

does require "sufficient specificity to enable a knowledgeable observer to determine clearly the circumstances of the action or surrender."

Without this information, your report is regarded as legally insufficient. Similarly, Section 1128E of the Social Security Act requires that HIPDB reports contain a description of the acts or omissions on which the final adverse action was based.

If the narrative is deemed legally insufficient, and the report is elevated to review by the Secretary of the U.S. Department of Health and Human Services, the Disputes Resolution Manager who is conducting the Secretarial Review must contact you for additional information. In such cases, you will need to respond to the Disputes Resolution Manager's inquiry and resubmit your report to the Data Bank(s).

The report narrative allows you to amplify the information that relates to the reasons for the action, including the Adverse Action Classification and Basis for Action codes. It also should be used, when necessary, to further explain the action(s) taken, particularly if a combination of actions (e.g., suspension with permanent restriction and period of probation) was imposed.

The narrative also gives you the opportunity to include some details of the event(s) leading up to the adverse action, from your perspective as the reporting entity. This is helpful to subsequent queriers who read the report. Some examples of narratives that meet the Data Banks' requirements follow:

Example 1: (Physician - Revocation of Professional Society Membership): "The physician pled guilty to felony charges—that he illegally dispensed controlled substances to a patient/or patients."

Example 2: (Physician - Denial of Clinical Privileges): "The Board of Trustees denied the application for medical staff membership and clinical privileges based upon a history of error in judgment in treating patients, including failure to appropriately consult specialists or transfer patients in need of a higher level of care, as well as a history of refusal to comply with hospital policies, rules and regulations."

Example 3: (Dentist - Voluntary Surrender of License): "Surrendered license while under investigation for failing to complete required continuing education and renewing license by fraudulent misrepresentation."

Example 4: (Pharmacist - Other Licensure Action): "Holding outdated drugs, failing to maintain patient profiles, failing to maintain repacking records, failing to properly label medication, unlawfully delegating dispensing, failing to conduct prospective drug reviews."

By completing the narrative when you initially submit an Adverse Action Report, you reduce the potential need for a Disputes Resolution Manager to contact you for additional information or clarification.

The bottom line is less time spent by reporting entities on correspondence and resubmissions of reports to the Data Banks.

Note: Narratives should not include names or other identifying information regarding patients, other practitioners, etc.

For more information on narrative descriptions, please consult the NPDB and HIPDB Guidebooks, available at *www.npdb-hipdb.com/guidebook.html.*

Continuing Education and the Data Banks: Give Us Your Feedback!

Does your State/National organization offer its members Continuing Education Units (CEUs) for reading articles in its newsletter or monthly publication?

Do you think that those members need to learn more about the NPDB-HIPDB and would like to receive CEUs in the process?

While the Division of Practitioner Data Banks (DPDB) cannot provide CEUs, we are contemplating developing articles and content questions regarding the NPDB-HIPDB at the request of organizations that do offer CEUs.

If you think that your professional association or National/State organization would be interested in providing this opportunity to its members, please let us know. Your editors and continuing education administrators may call DPDB directly for details.

For additional information, please contact Ms. Dorise Blatt at 301-443-2300, or via e-mail at *DBlatt@hrsa.gov.*

How Can I Find Out About...?
The NPDB-HIPDB Web Site Has Answers to Your Questions

Do you have a question about a Data Bank-related issue? The newly redesigned NPDB-HIPDB web site is replete with information—it is a great place to start if you have questions about Data Bank policies, how to report or query, or new IQRS features.

Information resources on the web site are organized into six major categories:

1. About the Data Banks
2. General Information
3. Using the IQRS
4. Publications
5. Legislation and Policies
6. Statistical Information

Following are highlights of the kinds of information that you'll find in each of the categories:

NPDB-HIPDB Home Page

ABOUT THE DATA BANKS

In this section, you'll discover background information on why the Data Banks were established and links to the legislation that led to the creation of the NPDB and the HIPDB.
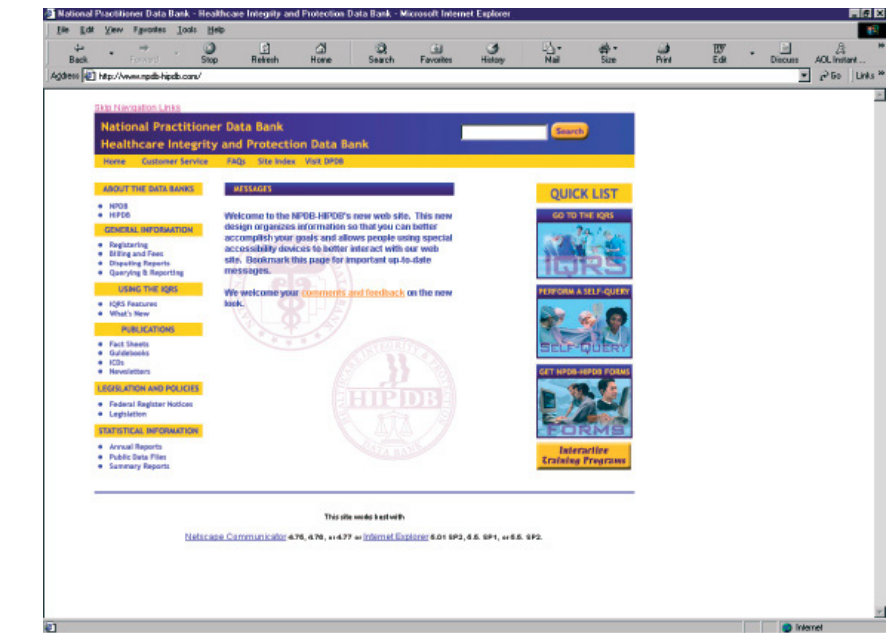
You will also find the regulations governing access to the information contained in the Data Banks, as well as confidentiality and disclosure rules.

GENERAL INFORMATION

Before an entity can query and report, it must first register and certify that it meets the explicit statutory requirements for participating in the NPDB, the HIPDB, or both. This section explains entity eligibility, billing and fees, the process for disputing reports, and how to query and report to the Data Banks.

USING THE IQRS

The Integrated Querying and Reporting Service (IQRS) is an electronic, web-based system for querying and reporting to the NPDB-HIPDB. Here you'll find IQRS system requirements, security information, hours of operation, and fact sheets to assist you in using the IQRS features.

This section also provides up-to-date information on what's new with the IQRS, new features, and future plans for enhancements.

PUBLICATIONS

In this section, you will find links to fact sheets on a variety of topics ranging from policy guidance to instructions for using on-line services, the latest versions of the NPDB and HIPDB Guidebooks, Interface Control Documents (ICDs), and informative, quarterly-published newsletters. All publications are available for download in Portable Document Format (PDF).

LEGISLATION AND POLICIES

The Legislation and Policies section contains Federal Register Notices and NPDB and HIPDB laws and regulations, in addition to other related legislation, including the *Freedom of Information Act* (FOIA) and the *Privacy Act of 1974*.

STATISTICAL INFORMATION

Here you'll find annual reports that explain NPDB reporting and querying requirements, operating procedures, and improvements made to the NPDB during the past year. In addition, the reports contain statistical tables that provide information on reporting, malpractice payments, adverse actions, disputed reports, queries, and matches.

Also available is a link to obtain the NPDB Public Use Data File. The file does not include any information that identifies individual practitioners or reporting entities. It is designed to provide data for statistical analysis only.

The NPDB and HIPDB summary reports, which recount the total number of reports submitted to each Data Bank by practitioner type, are also located in the Statistical Information section. ⚕

Helpful Hints From the Data Banks

☑ DESIGNATING AN AUTHORIZED AGENT

When designating an authorized agent, entities should first identify an agent that meets the specific requirements as outlined in the *Fact Sheet on Authorized Submitters and Authorized Agents*, available at *www.npdb-hipdb.com*, and then establish a business arrangement with the agent. The agent must register with the Data Banks before you can designate them.

See the Registering section of the NPDB-HIPDB web site, located within the General Information section on the left side of the home page, for details on eligibility and registration.

☑ EDITING AGENT INFORMATION

On the *Agent Information* screen, an entity administrator can elect to change the routing of query responses or fees by selecting an agent with an "Active" status and editing the relevant information. Query responses or fees can be routed to either the entity or the agent.

☑ FOR SPEEDY SERVICE, HAVE YOUR DBID HANDY WHEN CALLING THE DATA BANKS

When calling the NPDB-HIPDB Customer Service Center, registered entities and authorized agents should have their DBIDs ready for faster service.

The telephone system will prompt entities and agents to enter the last five digits of their DBIDs before connecting them to a Customer Service Center representative.

☑ A FEW WORDS ABOUT DATA BANK CONTROL NUMBERS AND SELF-QUERIES

Each time you submit an individual or organization self-query, it must include a unique Data Bank Control Number (DCN). A DCN is issued by the Data Banks after you transmit each self-query via the on-line Self-Query Service. All DCNs are active for 6 months. This means that you have 6 months to print the formatted self-query request, have it notarized, and return it to the Data Banks for processing.

The Data Banks process each self-query request, with its unique DCN, only once. After 6 months, the Data Banks close the DCN. Should you wish to receive self-query results after this time, you must submit a new request through the on-line service, available at *www.npdb-hipdb.com*.

☑ ESTABLISHING AN EFT ACCOUNT: DON'T FORGET YOUR VOIDED CHECK!

When establishing or modifying Electronic Funds Transfer (EFT) account information, remember to attach a voided check to the formatted copy of the *EFT Authorization*. Without a voided check, the Data Banks cannot process your *EFT Authorization* request.

For more information on establishing or modifying EFT account information, see the Billing and Fees section of the NPDB-HIPDB web site, under General Information. ⚕

Highlights from the NPDB Executive Committee Meeting

A meeting of the National Practitioner Data Bank (NPDB) Executive Committee was held on Thursday, February 7, 2002, at the Sheraton Crystal City Hotel in Arlington, Virginia. The Executive Committee is comprised of 33 representatives of the major NPDB constituents, including hospitals and other health care entities, State medical and dental licensing boards, professional societies, and medical malpractice payers. Quality assurance groups, practitioner groups, public sector groups, and Federal agencies were also represented at the meeting.

The Committee's mandate is to provide guidance to the NPDB contractor, SRA International, Inc. The Committee is chaired by Ms. Jodi Schirling, National

Association Medical Staff Services and Manager, Corporate Credentialing, The Nemours Foundation. The Committee Vice-Chairman is Dr. Norman Odyniec, American College of Surgeons.

Agenda items included an update on revisions to Adverse Action Basis for Action codes, Occupation/Field of Licensure codes, and Specialty codes; credentialing and emergency management; a discussion of the report subject notification process; and workgroup reports on the issue of residents in the NPDB, and the revised *NPDB Guidebook* and criteria for Adverse Action Narratives.

The next Executive Committee meeting will take place on June 20, 2002. ⚕

New Point of Contact Information

Beginning in August 2002, entities can specify a point of contact for questions relating to reports. Entities may specify a new point of contact, or modify an existing one, via the *Entity Update* screen.

On the *Entity Update* screen, entities may specify the Name (if the point of contact is an individual) or Office (if the point of contact is an organization), Title (if the point of contact is an individual) or Department (if the point of contact is an organization), and Phone Number for their designated point of contact.

The point of contact information specified on the *Entity Update* screen will appear as the point of contact for all past and future reports submitted by the entity and will be listed on the *Report Verification Document*, the *Notification of a Report in the Data Bank(s),* and query and self-query responses. The *Report Verification Document* is made available to the reporting entity for retrieval from the IQRS when the Data Banks process a report. A *Notification of a Report in the Data Bank(s)* is sent concurrently to the subject of the report. The subject should review the report for accuracy, and contact the reporting entity in the case of inaccuracies.

Point of contact information enables subjects' or queriers' questions or corrections regarding reports to be directed to the appropriate person or office, particularly when that individual or organization differs from the person who submitted the report to the Data Banks on the reporting entity's behalf.

To ensure that inquiries are directed to the appropriate individual or organization, indicate the preferred point of contact on the *Entity Update* screen and be sure to keep this information current. ⚕

Attention ITP Users: You Must Update!

If you use the ITP to query or report to the Data Bank(s), the upcoming changes to Basis for Action, Occupation/Field of Licensure, and Adverse Action Classification codes will affect the way in which you construct AAR submission and response files. The Data Banks have updated the Interface Control Documents (ICDs) to reflect the AAR format improvements, as well as various other enhancements for ITP users.

A letter describing the enhancements, with a summary of all the modifications made to the ICDs, was mailed to ITP users in late March. It also describes upcoming changes to the other querying and reporting ICDs. The modifications summary, as well as the updated ICDs, are available on the NPDB-HIPDB web site at *www.npdb-hipdb.com/icd.html.* ⚕

Don't Get Left Out in the Cold: How to Change Your IQRS Password Successfully

Have you seen it yet? The IQRS user password expiration prompt, that is.

How can you spot it? After logging in, you'll see a message on the *User Account Information* screen that reads, "Your password expires in 5 days." Take this opportunity to change your password! If you wish to change your password at any time (whether or not your password is ready to expire) you can do so by clicking the **CHANGE PASSWORD** button on the *Options* screen.

Who can change passwords? Each user may change his or her own

User Account Information Screen

Changing Passwords *from page 5*

password. In addition, the entity's administrator may change all of the entity's user passwords. Each entity must maintain an administrator account. If your entity has only one person who uses the IQRS, you may choose to use the administrator account as your regular user account.

Didn't know passwords had an expiration date? They do! User passwords are valid for 180 days. You'll be prompted by the IQRS, on the *User Account Information* screen, that your password is about to expire 5 days before its expiration date. If you don't change it prior to the expiration date, you'll be provided one grace login that allows you to access the IQRS for one more session using the expired password.

At the grace login, you'll be given a warning message that your password

must be changed immediately; otherwise, it will expire and you will be denied future IQRS access. On the *User Account Information* screen that follows, you must enter your old password, followed by a new password of your choice. You must enter the new password twice, to confirm that you typed it accurately.

You must click the SAVE button to save your new password in the system. If you do not click **SAVE**, your new password will not take effect. Users who forget their passwords or have expired passwords should contact their entity administrator to reset their passwords.

Administrators who forget their passwords or have expired passwords must contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732 for assistance.

On the Horizon...

In May 2002, the Data Banks will add two new codes to its *Entity Registration* form. These codes are found on pages 9 and 10 of the form in section C (Primary Function of Entity). Entities must specify their primary function by indicating the appropriate 2-digit code.

In the Licensing Agencies category under section C, the Data Banks will add code 23, entitled "Insurance Commission." In the Malpractice Payers category, the Data Banks will add code 21, entitled "Other Malpractice Payer, specify." Note: When using code 21, entities must provide an appropriate description.

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